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ABSTRACT

This paper discusses a practicum designed to address young teen mothers' lack of knowledge, experience, and skills needed to appropriately care for their infants. It documents that increased knowledge, enhanced interpersonal relationships, and augmented parenting skills made a difference in the teen mothers' approach to parenting. Parenting classes and/or training sessions were implemented, home visitations were conducted and mentors were assigned to accomplish these goals. Analysis of the data revealed that: (1) there was an increase in the teen mothers' knowledge about basic daily care and the developmental milestones and changes that occurred in their infants; (2) the teen mothers became more sensitive to their infants; (3) the teen mothers felt more supported by significant others; (4) the teen mothers reflected an increase in knowledge about child development and interactional skills of parents. Tables depict results of pre- and post-testing of participants. Contains 37 references. Appendixes provide instruments utilized with participants: Adolescent Parenting Inventory, Parenting Attitude Index, Family Support Checklist and Awareness Checklist. (Author/MKA)

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ED 429 244

Improving the Parenting Skills of Young Teen Mothers in Grades 9th - 12th through Parenting Classes, Training Sessions, and Mentoring

by
Brenda Johnson - Moore
Cluster 84

A Practicum I Report Presented to
the Ed.D. Program in Child and Youth Studies
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova Southeastern University
1998

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PRACTICUM APPROVAL PAGE

This practicum took place as described.

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This practicum report was submitted by Brenda Johnson-Moore under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Child and Youth Studies and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

Approved:

Date of Final Approval of Report

Roberta Silfen, Ed.D., Adviser

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Abstract

Improving the Parenting Skills of Young Teen Mothers in Grades 9th - 12th through Parenting Classes, Training Sessions, and Mentoring. Moore, Brenda J., 1998: Practicum Report, Nova Southeastern University, Ed.D. Program in Child and Youth Studies. Parenting/Parenthood/Parenting Skills/Parents-At-Risk/Teenage Mothers/Teenage Parents/School-Age Parents/Teen Pregnancy/Infant Care.

This practicum was designed to address young teen mothers in grades 9th-12th lack of knowledge, experience, and skills needed to appropriately care for their infants. It documented that increased knowledge, enhanced interpersonal relationships, and augmented parenting skills made a difference in the young teen mothers' approach to parenting. Parenting classes and/or training sessions were implemented, home visitations were conducted, and mentors were assigned to accomplish these goals.

The parenting classes and/or training sessions were specifically designed to provide young teen mothers with specific skills in caring for and interacting with their infants. Parenting classes and/or training sessions addressed topics on health and well-baby care, nutrition, emotional development, intellectual, and social development in babies, infant stimulation, discipline, safety, and tips for selection of an appropriate daycare center. Home visitations were conducted on a weekly basis. This allowed the writer to observe the young teen mothers with their infants. It also provided the young teen mothers an opportunity to discuss any other pertinent concerns they had. Each young teen mother was assigned a mentor. Mentoring helped the young teen mothers clarify their views of parenting and offered them personal support to help them overcome their feelings of isolation.

Analysis of the data revealed that: (a) there was an increase in the young teen mothers' knowledge about the basic daily care and the developmental milestones and changes that occurred in their infants; (b) the young teen mothers became more sensitive to their infants; (c) the young teen mothers felt more supported by significant others; and (d) the young teen mothers reflected an increase in knowledge about child development and interactional skills of parents.

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Chapter I: Introduction

Description of Community

The community where this practicum took place was located in an east central rural parish/county, along the eastern border of the state. This parish/county was incorporated by a special act of the state legislature March 6, 1870. However, the history of this parish/county goes back almost to the founding of its neighboring city, across the Mississippi River, when plantation people settled on the banks opposite it.

The parish/county, named after one of the prominent leaders of the community, officially received its name by a legislative act in 1811. The first schoolhouse was erected in this parish/county in 1812.

During the first half of the nineteenth century, this parish/county was a thriving steamboat town and a port for shipment of cotton bales and livestock which was driven in from Eastern Texas and Western Louisiana. This parish/county was then known as "one of the toughest little towns in the world."

The parish/county faced many trials, including the Civil War and Reconstruction Period. It was ravished by fire, the boll weevil, and later, battered by flood waters. In 1940, the parish/county was moved completely when the U.S. Corps of Engineers set back the levee in the flood prevention program. It was moved back about a mile to its present site. A ring levee around the entire parish/county protected it from future flood problems. On September 26, 1940, a bridge was opened linking it to a major city.

Situated along the Mississippi River, this community was rich in historic and natural resources. The parish/county's location along the Mississippi River provided direct access to numerous markets throughout the state and the region. Additionally, its proximity to the major cities in the region provided industry a wide range of opportunities for market access, for transportation, and for recreation.

The Mississippi River was instrumental in changing the complexion of the parish/county. Today, the parish/county is in the midst of planning, with the assistance of an architectural team from a nearby university, a Riverfront Developmental Project, which will incorporate the historical aspect of this parish/county perched on the river's

edge. The Riverfront Developmental Project includes convention space, a hotel, bike paths, a marina, restaurants, shops, amphitheater, and a historical interpretive center combined with a state welcome center. This project could feasibly afford an additional 200 to 300 employees and draw thousands of tourists.

The economic base of this parish/county consisted of companies specializing in apparel construction and the production of chemicals, oil, gas, and wood products. The hard-working labor force of 8,950, excellent transportation network, abundant raw materials, and land for commercial and industrial development made this parish/county an ideal prospect for business investment.

This parish/county was made up of five towns, which was home to 23,631 populace in an area of 717 square miles. The urban population for this parish/county was 10,279 which comprised 43.6% and the rural population was 13,352 which equalled 56.4%. The gender make-up for this parish/county was 53% females and 47% males. The ethnic breakdown was 63% Caucasians, 36% Blacks and 1% Others (American Indians, Asians, and Hispanics). The projected population for the year 2010 is 21,640 which will consist of 12,500 Caucasians and 9,140 Blacks and Others.

According to the State's Employment Security Office, the following data were characteristics of this parish/county:

1. There were 24. 53% adults 25 years of age or older with an 8th grade education.
2. Those who graduated from high school comprised 39.33%.
3. Those who graduated with four years of college comprised 7.02%.
4. Those who graduated from college with five years or more made up 4.46%.
5. Per capita personal income was $14,372 which was 81.6% of the state's average personal income $17,622 and 66.2% of the national average personal income $21,696.
6. The nation had an unemployment rate of 4.9%; the state had an unemployment rate of 5.7%; while the unemployment rate in this area as of September, 1997, was 10.4%.

One unique feature of this parish/county was the $534 million hydroelectric station. It

was the largest prefabricated power plant in the world and the only hydroelectric power station in this state. It employed about 69 people.

Another unique feature of this parish/county was the active role businesses played to improve education within this community by adopting schools.

Writer's Work Setting

The school system was the largest employer in this parish/county. There were approximately 600 employees, including 325 teachers, principals, assistant principals, counselors, paraprofessionals, librarians, food service technicians, school bus operators, and janitorial staffs. This school system served 4,442 students which included approximately 400 special education students on 11 different campuses. There were eight elementary (K-8th) schools and three secondary (9th-12th) schools within this parish/county.

Also, within the writer's work setting, there was one private school, one alternative school, and one technical institute. The private school had an enrollment of 365 students. The alternative school provided an opportunity for those students who qualified to earn a GED. Additionally, it provided a setting for junior high and senior high school students who had been suspended from their respective school site for more than three days. The technical institute served students who were pursuing a GED, or who were pursuing a specific skill or trade.

The school district's central office staff consisted of the administrative staff, the instructional staff, and the non-instructional staff. The administrative staff included the Superintendent, Assistant Superintendent, School Board President, and the Attorney for the School Board. The instructional staff included the Director of Academic Affairs, Supervisor of Administrative Services and Staff Development, Supervisor of Chapter I (Math), Supervisor of Chapter I (Reading), Supervisor of Special Education, and Director of Federal Programs. The non-instructional staff included the Coordinator of Grants/Public Information, Assistant Director Business Affairs/Office Manager, Supervisor of School Food Services, Supervisor of Child Welfare & Attendance, Supervisor of Supportive Services, Supervisor of Data Processing, Director of Business Affairs, and Executive

Assistant/Director of Personnel.

There were approximately 70 pupil appraisal and special education staff members. The pupil appraisal staff consisted of one social worker, three school psychologists, three speech and language pathologists, two educational diagnosticians, one occupational therapist, and two adapted physical education teachers. The special education staff included one IEP facilitator, one Hospital/Homebound teacher, one school nurse, 30 special education teachers, and 25 paraprofessionals.

This organization's mission embraced the concept that all children could learn. It pledged to provide all students with a broad spectrum of educational experiences which were directed by certified and qualified personnel. The organization believed that the educational program must create opportunities for each child to become cognizant of his/her rights and responsibilities as a member of a democratic society and to develop knowledge and skills which led to fulfilling his/her potential as a productive member of the community and of society. The organization further believed that maintaining close ties to community leaders, business leaders, parents, and other agencies enhanced its ability to fulfill its mission as an agent of the community.

There were several unique features of the writer's work setting. The superintendent and the school board members' first priority was the children. In light of this, staff development was mandatory. Professional growth was recommended and encouraged by providing monetary support for traveling, for boarding, for registration, and for attending conferences, seminars, and workshops, and for enrolling in courses to become certified in needed areas of specialization.

Parent centers were established on 2 of the 11 school campuses within this parish/county. The parent centers were equipped with laptop computers and a variety of learning aids which parents checked out to assist their children in the educational process.

The use of technology in the instructional program was strongly emphasized and utilized. Many classrooms throughout the parish/county had computers and Internet access. All offices, school libraries, and media centers had computers and access to the Internet.

The organization sponsored a well-established adult education program. There were eight colleges and universities within a two hour radius of this parish/county. There were

three vocational-technical institutes within this community.

Writer's Role

The writer was a Hospital/Homebound teacher in the special education department who served approximately 75 students in grades K-12 also including special education students. The writer provided educational services for students who were unable to attend school due to illnesses and surgery, suspensions and/or expulsions (special education students only), and pregnancy. The writer ensured that the students' learning process remained uninterrupted while not in attendance at their regular school setting.

The writer served as a liaison between the students and their regular teachers at their respective school site. An Individual Education Plan (IEP) was developed for each student which governed his/her educational program during enrollment in the Hospital/Homebound Program. Additionally, the writer was responsible for collecting, for disseminating, and for returning students' assignments. Three hours of instruction or more per week were provided to each studer

Chapter II: Study of the Problem

Problem Statement

The problem solved in this practicum was, "Young teen mothers displayed insufficient parenting skills."

Problem Description

Young teen mothers needed knowledge of child developmental milestones and changes, realistic expectations of their infants, and a social support system. The problem that existed was young teen mothers exhibited and demonstrated inadequate and inappropriate parenting skills.

Problem Documentation

The 15 young teen mothers who were enrolled in the Hospital/Homebound program had not acquired the knowledge or skills needed for sufficiently parenting their infants. Young teen mothers were immature and inexperienced (14-16 years of age) in the role of parenting. Through interviews, the writer found that young teen mothers had a lack of knowledge of developmental milestones and changes that occurred in their infants. They typically underestimated both needs and abilities of their infants at various developmental levels.

All of the young teen mothers were less involved, less responsive, and less positive with their infants. During home visitations, young teen mothers had been observed to talk very little to their infants, and when they did, they gave short commands rather than provided elaborated responses or statements. During these observations, all of the young teen mothers demonstrated more punitive child-rearing attitudes. Through interviews, the writer found that young teen mothers had difficulty coping with day-to-day responsibilities and demands of parenthood.

Causative Analysis

Young teen mothers, because of age, had not acquired sufficient cognitive and psychosocial maturity to function as adequate parents. The writer's involvement with

young teen mothers for the past 10 years led to the identification of the possible cause of the problem. Periodic home visitations were conducted by the writer. The writer found that six of the babies lived outside of the young teen mother's home--one was placed in a foster care, three were taken care by their grandmothers, one was raised by an aunt, and one was adopted.

There was no female figure present in the home to emulate parenting skills. The writer reviewed the young teen mothers' cumulative folders and also copies of the Family Profile Form completed by them. The writer found that three of the young teen mothers were living with their grandfathers; four other young teen mothers were living with their male friends; and one of the mothers of the young teen mothers was incarcerated.

Young teen mothers lacked the knowledge and skills to access the appropriate health services or resources for themselves and their babies. The writer reviewed copies of the Community Resource Questionnaire (Moore, 1994) completed by young teen mothers over the last three years. Check-up logs maintained at the Health Unit were reviewed to determine if the young teen mothers kept regularly scheduled "wellness appointments" for their babies. The writer found that 8 of the 15 young teen mothers failed to keep any of the regularly scheduled "wellness appointments" for their babies.

Relationship of the Problem to the Literature

Teen mothers are faced with irrefutable challenges when thrust into the new role of parenting. Russell (1990) found that young teen mothers' knowledge and skills about parenting are limited because of educational deficits. Adams, Pittman, & Adams-Taylor (1989) and Speraw (1987) discovered that young teen mothers are often socially isolated from their peers and families whom they felt they had disgraced. Frommer & O'Shea (1989) and Grossman & Wise (1987) recognized that young teen mothers' relationships with their parents are often strained in that (a) they may experience some isolation from their families, (b) their need for financial and other help mandates dependency at a time when they yearn for independency which in turn increases the teenage mothers' conflict, and (c) they may experience identity confusion because they are still themselves children in need of nurturing care with an infant who also needs nurturing. Becker (1987), Garcia,

Hoffman, & Oh (1987), and Mercer (1990) observed that teenage parents often have unrealistic expectations about both the mothering role and infant behavior and development. Adams & McLanahan (1987) and Phipps-Yonas (1988) concluded that teenage parents have immature coping responses in that they have not learned to delay their own pleasure for another person's pleasure or for later gratification.

Family dynamics have much influence on young teen mothers' ability to achieve the tasks of identity, intimacy, and independence. Anastasiow (1990) and Epstein (1988) recommended that the adolescent mother's family not be either role-blocking (teenage mother does not assume the mothering role--she either willing abdicates or a family member takes over) nor role-binding (all tasks and responsibilities of mothering are delegated to the teenage mother) but role-sharing (the family shares in responsibilities enabling the teen to grow in other roles as well as in the mother role). Anderson & Fleming (1988) and Herz & Reis (1987) found that intergenerational fusion and triangulation (an indication of the young teen mothers' individualization from the family) were significant predictors of their identity.

An established and stable support system is critical and crucial to young teen mothers' needs. In a study conducted by Benasich, Clewell, & Brooks-Gunn (1989) and Mercer (1990), it was found that the complexity of young teen mothers assuming adult roles without cognitive, emotional, and social maturity can be catastrophic for both the young mother and her infant when there is not an extensively supportive environment. Bostrom, Hackley, & Mercer (1984) and House (1989), identified four areas of social support that teenage mothers need: (a) emotional support (empathy, caring, love, and trust), (b) physical support (money, labor, and time), (c) informational support (receiving the necessary information for coping with personal and environmental problems), and (d) appraisal support (feedback from important persons in the social network that is necessary for self-evaluation). Colletta, Gregg, Hadler, Lee & Mekelburg (1990) revealed that lack of social support contributes to high morbidity and mortality rates for young teen mothers and their infants.

One paper presented in the Spring 1987 at the Biennial Meeting of Society of Research for Child Development, Baltimore, by Joy D. Osofsky, Ph.D., Department of Psychiatry,

Louisiana State University School of Medicine and Anne M. Culp, Research Associate at The Menninger Clinic, Topeka, Kansas concur that there is a mismatch between adolescent development and infant development needs that interferes with young teen mothers' parenting abilities (Culp & Osofsky, 1987).

Another paper presented in the Spring 1993 at the Biennial Meeting of Society of Research For Child Development, San Francisco, by Richard R. DeBlassie, Ed.D., Professor and Head of the Department of Counseling and Educational Psychology, New Mexico State University and Cheryl Black, doctoral candidate, New Mexico State University noted that young teen mothers experience ostracism, rejection by family and peer group, and have no conception of the needs, and how to properly care for their infants (Black & DeBlassie, 1993).

Unger & Wandersman (1988) emphasized that although the young teen mothers' mothers may be their greatest source of support. This support may be a source of conflict in that it may be in a role-blocking or role-binding structure inhibiting the teen mother's achievement of identity, intimacy, and independence. Fine (1990) pointed out that often the young teen mother is a product of an unhappy parenting experience and lacks an adequate model to imitate. Camp & Morgan (1989), Cooper & Edge (1990), and DeLissovoy (1988) noted that young teen mothers lack of adequate parenting skills was due largely in part to their immaturity and social inexperience.

In summary, young teen mothers need to know what is expected of them when they assume the mothering role. Providing parenting classes, training sessions, and a supportive environment for young teen mothers will enable them to become better caretakers of their infants.

Chapter III: Anticipated Outcomes and Evaluation Instruments

Goals and Expectations

The goal of this practicum was to improve the parenting skills of young teen mothers so that they would become better caretakers of their infants.

Expected Outcomes

The following outcomes were projected for this practicum:

1. Ten of the 15 young teen mothers will reflect and demonstrate an understanding about the basic daily care and the developmental milestones and changes that occur in their infants. The outcome will be measured by administering the Adolescent Parenting Inventory (see Appendix A). Compliance of 90% or more will be the standard to measure the efficacy of the outcome.
2. Twelve of the 15 young teen mothers will have positive maternal interaction with their infants. The outcome will be measured by administering the Parenting Attitude Index (see Appendix B). The writer will compare pre-test and post-test scores.
3. Eight of the 15 young teen mothers will have a network of social support. The outcome will be measured by administering the Family Support Checklist (see Appendix C). Compliance of not less than 85% will be the standard accepted as a demonstration of success.
4. Twelve of the 15 young teen mothers will reflect an increase in knowledge about child development and interactional skills of parents. The outcome will be measured by administering the Awareness Checklist (see Appendix D). Compliance of 90% or more will be the standard accepted as a demonstration of success.

Measurement of Outcomes

Pre-tests and Post-tests were administered to the participants using the Adolescent Parenting Inventory, the Parenting Attitude Index, the Family Support Checklist, and the

Awareness Checklist. Pre-tests were administered at the beginning of the implementation phase. Post-tests were administered at the end of the three-months implementation period. Pre-tests and Post-tests were designed for written responses by the participants. Administration of each of the assessment instruments took 15 to 30 minutes.

The writer analyzed the results of the three months implementation of the practicum after collecting the data from the evaluation instruments. The evaluation of the interventions included outcome and process components. The outcome was determined through the administration of pre-tests and post-tests. The process component involved recorded observations that monitored the behavior of the young teen mothers as it related to the care of the their infants.

All of the instruments were developed by the writer. The Adolescent Parenting Inventory was a 25-item instrument designed to measure the young teen mothers' knowledge and understanding of basic daily care and developmental milestones and changes that occur in their infants. The participants completed this instrument by responding to each item by circling their level of agreement or disagreement on a scale of 1-5.

The Parenting Attitude Index was a 12-item instrument used to assess the young teen mothers' maternal interaction with their infants. Participants responded to each of the items by circling "always," "sometimes," or "never."

The Family Support Checklist was a 17-item self-support measure designed to assess the degree to which the young teen mothers felt supported by their families of origin and their extended families or social network. Ratings were made using the dimensions ranging from "Not Helpful," to "Very helpful."

The Awareness Checklist was a 42-item instrument designed to assess the young teen mothers' knowledge and understanding about child development and interactional skills of parents. Participants responded to each item by checking either "yes" or "no."

Chapter IV: Solution Strategy

Discussion and Evaluation of Solutions

In Chapter II, the problem to be solved was stated as: "Young teen mothers display insufficient parenting skills."

The situation just described is becoming a more alarming problem each year. Numerous innovative, effective, and successful parenting programs have been developed and initiated in hospitals, clinics, homes, special schools, and regular school settings to provide young teen mothers with knowledge and experience to become responsible caretakers as parents.

One of the most prominent hospital-based programs is the Cincinnati General Hospital Infant Stimulation/Mother Training Project which provides classes for teenage mothers with emphasis on health and well-baby care, nutrition, and infants stimulation (Anastasiow, 1988; Badger, 1980).

A frequently cited special school based program designed for young teen mothers is the Young Mothers Education Development (YMED) program in Syracuse and Onondaga County, New York. The Young Mothers Education Development (YMED) is a highly individualized program which provides young teen mothers and their infants with all basic necessary services and which offers an extensive developmental program that is presented in educational units so that the young teen mothers can learn appropriate techniques of child care such as diapering, feeding, and toilet training (Epstein, 1989).

A major regular school program aimed at the overall teenage population is Education for Parenthood (EFP) which was launched to teach the adolescent about child development; the social, emotional, and medical needs of children; the role of families in socialization and development; factors in prenatal and neonatal development; and to give youth experience with young children and prepare them for possible careers in working with young children (Morris, 1987).

Training programs for adolescent mothers also have resulted in improvement in parenting behaviors (Badger, 1980; Unger &Wandersman, 1988). Likewise, Morris (1987) reported a parent training program which was successful in increasing adolescent mothers' knowledge of child growth and development. The program combined bi-monthly home visits with visits to a local health department to obtain information on prenatal care,

adolescent mothers were encouraged to select topics to read and to discuss, related to the care of children, that were of most interest to them. These selections were used to develop a curriculum for the participants.

Parenting classes and/or training sessions need to be provided at the young teen mothers' respective school site. Parenting classes should teach young teen mothers about their infants' needs and how to fulfill those needs. Training should provide the young teen mothers with first-hand experience in parenting skills.

A parenting coordinator should be assigned at the young teen mothers' respective school site. The parenting coordinator should oversee the mentoring program for the young teen mothers. Each young teen mother should be assigned a mentor (preferably someone who is a parent). Mentoring will help young teen mothers clarify their views of parenting and offer personal support to overcome feelings of isolation.

Description of Selected Solutions

To help prepare young teen mothers for parenthood, Austin Independent School District came up with a program called Empowering Teenage Parents (ETAP), (Reed, 1990). This innovative program empowers young teen mothers to play an important role in their infant development and in their own development. Through conferencing, coaching, and counseling young teen mothers can ascertain knowledge and skills to help them in caring for their infants sufficiently.

Secondly, institute a Teenage Parent Council at the school site. Young teen mothers would have an opportunity to discuss with each other their concerns and their experiences as a teen parent. With constructive feedback, peer sharing would build each other's self-assurance as teen parents. Through peer sharing, young teen mothers offered each other valuable feedback on skills and on techniques that they have tried.

The tasks in solving the problem introduced in Section II revolved around acquisition of parenting classes, training sessions, and mentoring for young teen mothers. Parenting classes would ensure that young teen mothers would have specific skills for caring and for interacting with their infants. Training sessions would provide young teen mothers with

first-hand experience needed in caring for their infants. Mentoring would provide a source of social support for young teen mothers.

By applying the solution strategies presented in this proposal, young teen mothers would acquire knowledge of sufficient and appropriate parenting skills for becoming better caretakers of their infants.

Report of Action Taken

The practicum was implemented during a three month period between March and June. During the first week of implementation, the writer conducted an initial meeting with the building principal, the faculty, and the participants and their parents to discuss the purpose and to define the ground rules applicable to the project. The writer provided the participants an opportunity to express their feelings about the project. The writer felt that it was necessary to address their concerns and to use discussion to engage them before embarking upon the parenting classes, training sessions, and mentoring assignments.

Following the discussion written consent from the participants and their parents was obtained. A detailed scheduled of parenting classes, training sessions, and home visitations were given to the participants and to their parents. Each participant was assigned a mentor to help her clarify her views of parenting and to offer her personal support to overcome feelings of isolation. Pre-test instruments were administered to the participants. To ensure confidentiality, pre-test instruments were coded so that only the writer would be able to identify the participants. Additionally, the writer would be able to compare each participant pre-test and post-test results.

At the onset of the project, parenting classes and/or training sessions were previously scheduled during the regular school hours. The participants' schedules were rotated so that the parenting classes and/or training sessions could be conducted during one of their 50 minutes time block. However, this was not ample time allotted for the parenting classes and/or training sessions on Saturdays from 9:00 A.M. to 11:00 A.M. The participants and their parents were very receptive to this idea. To accommodate the young teen mothers and their infants, one of the mentors who is director and owner of a daycare center volunteered to provide daycare and transportation if needed.

A high interest level among the young teen mothers was expressed about this project. Although, the writer had considered 15 participants for the project, 25 young teen mothers expressed a desire to be participants in this project. However, due to the increase in the number of participants, the writer had to seek other mentors. To help resolve this issue, several of the previously assigned mentors volunteered to work with another young teen mother.

Nine parenting classes and/or training sessions were conducted so that the young teen mothers would learn and/or develop sufficient parenting skills to become better caretakers of their infants. Session one "How to Hold, Feed, Diaper, Bathe, and Dress a Baby" focused on the general daily care of the baby. Session two "Nutrition" provided information on establishing a feeding pattern, the importance of cuddling the infant while feeding, and the introduction of solid foods. Session three "Health and Well-Baby Care" emphasized preventive healthcare the need for appropriate responses to colds, fevers, allergies, and rashes. Session four "Infant Stimulation" emphasized the importance of interaction, appropriate response to infant vocalization and signs of distress, observation of infant behavior to facilitate choice of appropriate play materials, and the sequence of developmental skills. Session five "Emotional and Social Development in Babies" focused on building trust through care, emotional climate of the home, crying and comforting, attachment, personality patterns, and learned behavior. Session six "Intellectual Development in Babies" described how a baby learns, identified and gave examples of Piaget's stages of learning toys appropriate for a baby's age and explained how babies developed communication skills. Session seven "Safety" focused on home environment safety tips. Session eight "Effective Discipline" emphasized positive methods of discipline. Session nine "Tips for Selection of An Appropriate Day Care Center" addressed standards, staff, qualifications, location, cost, and operation hours.

The writer conducted home visitations on a weekly basis so that the participants would have an opportunity to share any other pertinent concerns that they had. The writer met bi-weekly with the mentors to discuss the status of the mentorship and any concerns that they felt needed to be addressed. Post-tests were administered to the participants at the end

of the nine weeks of parenting classes and/or training sessions. An exit meeting was held with the building principal, the faculty, and the participants and their parents.

Chapter V: Results

The problem encountered in the writer's work setting was that young teen mothers displayed insufficient parenting skills. They lacked the needed knowledge, experience, and skills to become responsible caretakers as parents. The goal of this practicum was that young teen mothers would have sufficient parenting skills to become better caretakers of their infants.

The following outcomes were projected for this practicum:

1. Ten of the 15 young teen mothers will reflect and demonstrate an understanding about the basic daily care and the developmental milestones and changes that occur in their infants. The outcome will be measured by administering the Adolescent Parenting Inventory (see Appendix A). Compliance of 90% or more will be the standard to measure the efficacy of the outcome.

This outcome was met.

The Adolescent Parenting Inventory was a 25-item instrument designed to measure the young teen mothers' knowledge and understanding of basic daily care and developmental milestones and changes that occur in their infants. The participants completed the instrument by responding to each item as to the level of agreement or disagreement on a scale of 1-5. This instrument addressed four areas that were important in the improvement of parenting skills and the healthy development of the child: (a) inappropriate expectations of children within the context of child development, (b) sensitivity or empathy toward child, (c) use of discipline, and (d) parental concerns and/or needs.

Items 1, 2, 3, 4, 6, 11, 12, and 16 focused on inappropriate expectations of children within the context of child development. Parents and/or caregivers who have a realistic understanding of the developmental capabilities of children, as well as a general acceptance of developmental limitations tend to encourage self-growth and environmental exploration in children.

Items 8, 9, and 13 viewed the parents' sensitivity or empathy toward their children's needs. Parents and/or caregivers who are sensitive to the needs of their child, place those needs in high regard. Children and their needs are not looked down upon, but rather are valued.

Items 8 and 10 reflected the parents' belief in and use of discipline. Parents and/or caregivers who value the well-being and self-concept of their child use alternative, non-abusive means of discipline.

Items 5, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24 and 25 look at the young teen mothers concerns and/or needs as a parent. Parents and/or caregivers have a clear understanding of their role as the "parent." They find their peers to be more appropriate for helping them meet their social, physical, emotional, and sexual needs.

An analysis of the young teen mothers' responses of the Adolescent Parenting Inventory as exhibited in Table 1 shows the results of the pre-test and post-test.

Table 1

Adolescent Parenting Inventory

Pre-test and Post-test Results

Items	Agree		Disagree	
	Pre	Post	Pre	Post
1. My child squirms and kicks a great deal when being dressed or bathed.	15	15	0	0
2. My child cries and fusses much more than I expected.	12	12	3	0
3. My child easily notices and overreacts to loud sounds and bright lights.	10	12	5	3
4. My child's sleeping or eating schedule is much harder to establish than I expected.	15	15	0	0
5. Leaving my child with a babysitter is usually a problem.	13	13	2	2
6. My child is so active that it exhausts me.	15	15	0	0
7. I feel that it is never too early to start teaching a child to obey commands	15	15	0	0

table continues

Table 1

Items	Agree		Disagree	
	Pre	Post	Pre	Post
8. I feel that a child should be given comfort and understanding when he/she is scared or upset.	15	15	0	0
9. I feel that too much affection and tenderness can harm or weaken a child.	3	0	12	15
10. I feel that physical punishment is not the best way of disciplining.	15	15	0	0
11. I feel that the earlier a child is put on the potty, the easier it is to train him/her.	15	15	0	0
12. I believe that if a child makes occasional slips after he/she has been toilet-trained, they should be ignored.	7	3	8	12
13. I worry about the health of my child.	15	15	0	0

table continues

Table 1

Items	Agree		Disagree	
	Pre	Post	Pre	Post
14. Having a child has been much more expensive than I had expected.	15	15	0	0
15. Having a child has caused changes in the way I sleep.	15	15	0	0
16. I feel that taking care of a baby is much more work than pleasure.	15	1	0	14
17. I have a lack of knowledge about parenting.	15	0	0	15
18. I feel that I am a person who has some trouble being a parent.	6	0	9	15
19. When I think about myself as a parent, I believe I can handle most things pretty well.	6	10	9	5
20. I have a lot of people to whom I can talk to.	15	15	0	0

table continues

Table 1

Items	Agree		Disagree	
	Pre	Post	Pre	Post
21. I feel alone and without friends.	0	0	15	15
22. I feel capable and on top of things when I am caring for my child.	0	15	15	0
23. I can not make decisions without help.	15	15	0	0
24. Being a parent is harder than I thought it would be.	15	15	0	0
25. I enjoy being a parent.	15	15	0	0

Analysis of the pre-test and the post-test results of the Adolescent Parenting Inventory indicated there was a difference in items 3, 9, 12, 16, 17, 18, 19, and 22. Items 2, 3, 4, 5, 6, 12, and 16 reflected a change in the young teen mothers realistic understanding about the basic daily care and the developmental milestones and changes that occurred in their infants. Item 9 reflected the young teen mothers' sensitivity to the needs of their infants. Items 5, 15, 17, 18, 19, 20, and 22 revealed the young teen mothers personal needs and/or concerns as a parent. When comparing the pre-test and post-test in Items 1, 2, 4, 5, 6, 7, 8, 10, 11, 13, 14, 15, 20, 21, 23, 24 and 25 the responses given by the young teen mothers were the same when the coded sheets were compared on each occasion.

Items 7 and 10 which addressed the young teen mothers views on discipline in the pre-test and post-test reported that all of the young teen mothers agreed that it was never too early to start teaching a child to obey commands and that physical punishment was not the best way of disciplining. However, the young teen mothers revealed in the parenting

classes that as their babies began to reach toddler age and became more difficult to manage, they would use spankings as a means of discipline. Item 8 and 13 focused on the young teen mothers sensitivity or empathy toward their children's needs. Item 8 reflected that all of the young teen mothers agreed that their child should be given comfort and understanding when he/she is scared or upset. Item 13 indicated that all of the young teen mothers agreed that they worried about the health of their child.

Items 14, 21, 23, 24, and 25 focused on the young teen mothers concerns and/or needs as a parent. In item 14 all of the young teen mothers agreed that having a child was more expensive than they had expected and in item 21 all of the young teen mothers disagreed that they felt alone and without friends. In item 23 all of the young teen mothers agreed that they could not make decisions without help. Although, in item 24 all of the young teen mothers agreed that being a parent was harder than they thought it would be, in item 25 all of the young teen mothers indicated that they enjoyed being a parent.

2. Twelve of the 15 young teen mothers will have positive maternal interaction with their infants. The outcome will be measured by administering the Parenting Attitude Index (see Appendix B). The writer will compare pre-test and post-test scores.

This outcome was met.

The Parenting Attitude Index was a 12-item instrument used to assess the young teen mothers' maternal interaction with their infants. Participants responded to each of the items by circling their response as "always," "sometimes," or "never." "Always" was indicated by the number 3, "sometimes" was indicated by the number 2; and "never" was indicated by the number 1. To further assess the young teen mothers maternal interaction with their infants, home visitations were conducted .

The pre-test and post-test results of the Parenting Attitude Index are presented in Table 2.

Table 2

Parenting Attitude Index

Pre-test and Post-test Results

Items	Always		Sometimes		Never	
	Pre	Post	Pre	Post	Pre	Post
1. I feel angry with my child.	0	0	10	0	5	15
2. I express affection by hugging, by kissing, and by holding my child.	6	13	0	2	0	0
3. I am bothered because I can not do the things I liked to do before the baby was born.	3	0	10	15	2	0
4. I am easy-going and relaxed with my child.	7	12	8	3	0	0
5. I tend to spoil my child.	12	13	3	2	0	0
6. I feel that I am too involved with my child.	4	0	6	0	5	15
7. I like to joke and play with my child.	5	12	10	3	0	0
8. I spontaneously praise my child.	0	12	15	3	0	0
9. I talk freely and easily with my child.	6	12	6	3	3	0

table continues

Table 2

Items	Always		Sometimes		Never	
	Pre	Post	Pre	Post	Pre	Post
10. I express annoyance or hostility toward my child.	0	0	0	0	15	15
11. I find some of my greatest satisfactions in my child.	3	15	12	0	0	0
12. I wish I could spend more time with my child.	6	15	9	0	0	0

3. Eight of the 15 young teen mothers will have a network of social support. The outcome will be measured by administering the Family Support Checklist (see Appendix C). Compliance of not less than 85% will be the standard accepted as a demonstration of success.

This outcome was met.

The Family Support Checklist was developed by the writer to assess and map the young teen mothers' social network and the extent to which their identified needs are being met by members of their individual support system. It measured the degree to which the social network members supported and accepted responsibility for the adolescent and her baby. Responses were given in three categories ranging from "Not helpful" to "Very helpful." The following types of support were considered in this assessment: (a) formal support which included the young teen mothers' parents, parents of the baby's father, the father, as well as other family members, (b) informal support which included friends of the young teen mother and her current boyfriend, (c) social support which included church, club affiliations, co-workers, and parent groups, and (d) professional support which included

the family physician, or the child's physician, professional helpers (teachers, therapists, social workers, etc.) and professional agencies (public health, social services, mental health, etc.), and school/day care centers.

The writer analyzed the responses of the 15 young teen mothers with respect to their perception of support, where it comes from, and the extent to which the young teen mothers have utilized new supports since the implementation of the practicum. The responses were divided into three dimensions of support which included: (1) very helpful, (2) sometimes helpful, and (3) not helpful.

Table 3 shows the results of the young teen mothers responses to the pre-test and post-test of the Family Support Checklist.

Table 3

Family Support Checklist

Pre-test and Post-test Results

Categories	Dimensions: Very helpful Pre	Very helpful Post	Sometimes helpful Pre	Sometimes helpful Post	Not helpful Pre	Not helpful Post
Formal						
1. Your parents	6	12	4	2	5	1
2. The parents of the baby's father	4	8	6	5	5	2
3. Your brothers/sisters	5	6	8	9	2	0
4. The father's brothers/sisters	0	0	6	7	9	8
5. The baby's father	2	4	3	6	10	5
Informal						
6. Your friends	2	8	5	7	8	0
7. The baby's father's friends	0	0	3	5	12	10
8. Your current boyfriend	0	1	2	3	13	11
9. Other parents	0	5	2	8	13	2
Social						
10. Church	5	10	0	3	10	2
11. Social groups/clubs	0	0	0	8	15	7
12. Co-workers	-	2	-	4	-	-
13. Parent groups	15	15	0	0	0	0

table continues

Table 3

Categories	Dimensions					
	Very helpful		Sometimes helpful		Not helpful	
	Pre	Post	Pre	Post	Pre	Post
Professional						
14. My family physician or child's physician	8	10	5	5	2	0
15. Professional helpers (social workers, therapists, teachers, etc.)	10	9	3	6	2	0
16. School/daycare center	8	12	4	3	3	0
17. Professional agencies (public health, social services, mental health, etc.)	10	12	5	3	0	0

Pre-test results in the formal category reflected that six of the young teen mothers indicated that their parents were "very helpful" to them, four revealed that their parents were "sometimes helpful, and five indicated that their parents were "not helpful." Four of the young teen mothers reported that the parents of the baby's father were "very helpful," and two viewed the baby's father as being "very helpful", three indicated that the baby's father was "sometimes helpful," and ten reported that the baby's father was "not helpful." However, when compared to the post-test in the formal category, 12 of the young teen mothers indicated that their parents were "very helpful," two revealed that their parents were "sometimes helpful," and one reported that her parents were "not helpful." Eight of the young teen mothers reported that the parents of the baby's father were "very helpful," six indicated that the baby's father was "sometimes helpful," and five revealed that the baby's father was "not helpful."

Findings from the pre-test in the informal category indicated that only two of the young teen mothers viewed their friends as being "very helpful," three reported that the friends of

the baby's father were "sometimes helpful." Two of the young teen mothers viewed their current boyfriend as being "sometimes helpful," and two indicated that other parents were "sometimes helpful." Thus the post-test results revealed that eight of the young teen mothers indicated that their friends were "very helpful," and five reported that the friends of the baby's father's friends were "sometimes helpful." One of the young teen mothers reported that her current boyfriend was "very helpful," and five indicated that other parents were "very helpful."

Results from the pre-test in the social category revealed that ten of the young teen mothers viewed the church as "not helpful." Several of the young teen mothers stated that they felt shunned by the church. Those who attended church regularly before they became pregnant reported that they seldom attend. When administered the post-test, all of the young teen mothers felt that the parent groups were "very helpful." Eight of the young teen mothers believed social groups/clubs were "sometimes helpful."

In the professional category, findings from both the pre-test and post-test revealed that this level of support had the highest ratings. In the post-test, twelve of the young teen mothers reported that the school/day care center and the professional agencies (public health, social services, and mental health) were "very helpful." Ten of the young teen mothers indicated that the family physician or the child's physician was very helpful. Nine of the young teen mothers viewed professional helpers (social workers, therapists, teachers, etc.) as being "very helpful."

Analysis of the pre-test results revealed that in the formal category, parents of the young teen mothers received the highest rating as being "very helpful"; in the informal category the young teen mothers' friends received the highest rating as being "sometimes helpful"; in the social category, the parent groups were favored with the highest ratings as being "very helpful"; and in the professional category the school/day care center and professional agencies tied with a rating of 12.

When compared to the post-test ratings in the formal category twice as many young teen mothers perceived their parents as being "very helpful." In the informal category, eight of the young teen mothers viewed their friends as being "very helpful." The parent groups were given the highest ratings in the social category and in the professional category the

school/daycare received the highest ratings. This could be due in part to the structured parenting classes and/or training sessions. Parent groups could have been given high ratings in the social category because of the mentorship program. Young teen mothers were provided an opportunity to interact with other teen mothers and share their concerns.

4. Twelve of the 15 young teen mothers will reflect an increase in knowledge about child development and interactional skills of parents. The outcome will be measured by administering the Awareness Checklist (see Appendix D). Compliance of 90% or more will be the standard accepted as a demonstration of success.

The outcome was met.

The Awareness Checklist was a 42-item instrument designed to assess the young teen mothers' knowledge and understanding about child development and interactional skills of parents. Participants completed the instrument by checking either "yes" or "no" for each item.

Results of the pre-test and post-test results of the Awareness Checklist are presented in Table 4.

Table 4

Awareness Checklist

Pre-test and Post-test Results

Items	Yes		No	
	Pre	Post	Pre	Post
1. Cradles the infant in the curve of arm against body.	15	15	0	0
2. Supports the baby's neck and head with one hand.	15	15	0	0
3. Feeds baby six to eight times or more in 24 hours.	15	15	0	0
4. Holds baby closely in a semi-upright position when bottle-feeding.	10	12	5	3
5. Burps baby during and after feedings.	8	13	7	2
6. Cuddles and speaks soft words to baby while feeding.	9	12	6	3
7. Gives baby sufficient amount of food.	11	15	4	0
8. Changes baby's diaper as often as needed.	15	15	0	0
9. Cleans baby thoroughly after removal of soiled diaper.	15	15	0	0
10. Talks or sings to baby when diapering.	8	12	7	3
11. Sponge bath baby only after the navel heals.	9	15	6	0
12. Tub bath baby first in basin.	15	15	0	0

table continues

Table 4

Items	Yes		No	
	Pre	Post	Pre	Post
13. Clothe baby in easy garment for removal.	15	15	0	0
14. Dresses baby for appropriate activities	15	15	0	0
15. Keeps baby's regularly scheduled "wellness appointments."	7	12	8	3
16. Maintains immunization records.	15	15	0	0
17. Aware of common childhood diseases and their symptoms.	5	15	10	0
18. Surrounds baby with interesting and touchable items.	12	12	3	3
19. Provides decorative baby room with bright and contrasting colors.	8	8	7	7
20. Plays games with baby.	15	15	0	0
21. Holds and cuddles baby often.	15	15	0	0
22. Answers the baby's babbles and funny noises.	8	11	7	4
23. Baby senses your caring and love in facial expression, voice, and touch.	15	15	0	0
24. Reads baby's signals.	9	12	6	3
25. Follows a consistent schedule.	9	12	6	3
26. Responds promptly and favorably to baby's needs.	15	15	0	0
27. Provides a wide range of materials for baby to explore.	5	9	10	6

table continues

Table 4

Items	Yes		No	
	Pre	Post	Pre	Post
28. Encourages make-believe or pretend activities.	5	8	10	7
29. Baby has caring adult at all times.	15	15	0	0
30. Uses proper car restraint seat.	10	12	5	3
31. Covers unused electrical outlets.	5	12	10	3
32. Secures electrical cords for baby's safety.	15	15	0	0
33. Inspects all toys for small or loose parts which could be swallowed.	15	15	0	0
34. Straps baby securely intc infant seat or high chair.	15	15	0	0
35. Never leaves baby alone in a bath tub, on a bed, or other high surface.	15	15	0	0
36. Cleaning supplies, medications, and other poisons are kept out of baby's reach.	15	15	0	0
37. Plastic bags are never used on cribs or anywhere accessible to the baby.	15	15	0	0
38. Keep explanations simple and brief.	8	12	7	3
39. Consistent with discipline methods.	9	12	6	3
40. Caregiver is warm and loving toward children.	15	15	0	0

table continues

Table 4

Items	Yes		No	
	Pre	Post	Pre	Post
41. Shares caregiver's child-rearing attitudes and methods of discipline.	10	12	5	3
42. Facility is safe, comfortable, and sanitary.	15	15	0	0

An analysis of the results of the Awareness Checklist revealed that all of the young teen mothers responded to 22 of the 42 items in the same manner for both the pre-test and post-test. Items 7, 18, 30, and 41 received the next four highest ratings. In item 7, eleven of the young teen mothers stated that they gave their babies a sufficient amount of food. In item 18, twelve of the young teen mothers indicated that they surrounded their babies with interesting and touchable items. Ten of the young teen mothers in items 30 and 31 revealed that they used a proper car restraint seat and that they shared the caregivers child-rearing attitudes and methods of discipline. Items 17, 27, 28, and 31 on the pre-test received the lowest rating. Only five of the young teen mothers in item 17, indicated that they were aware of common childhood diseases and their symptoms. In Items 27 and 28 five of the young teen mothers revealed that they provided a wide range of materials for their babies to explore and that they encouraged make believe or pretend activities. In item 31, five of the young teen mothers also stated that they covered unused eletrical outlets.

On the post-test, item 5 received the next highest rating. Thirteen of the young teen mothers reported that they burped their babies during and after feeding. Twelve of the young teen mothers responded yes to items 18, 24, 31, 28, 29, and 41.

Both items 19 and 28, received the lowest number of responses. In items 19 and 28, eight of the young teen mothers indicated that they provided a decorative room with bright and contrasting colors and that they also encouraged make believe or pretend activities.

Discussion

Ten other young teen mothers became participants in the project during its fourth week of implementation. Each of the young teen mothers participated in the parenting classes and/or training sessions, was assigned a mentor, and received home visitations. However, these participants were not given any of the assessments since the pre-tests had already been administered. Therefore, the results of the pre-tests and post-tests only reflected the responses of the 15 young teen mothers who were participants at the initial beginning of the project.

The Adolescent Parenting Inventory was administered to evaluate the young teen mothers understanding about the basic daily care and the developmental milestones and changes that occur in their infants. Analysis of the responses given by the young teen mothers on the pre-test revealed that many of the young teen mothers had no conception about the basic daily care and the developmental milestones and changes that occurred in their infants. A possible explanation for the responses given by the young teen mothers could be contributed to their lack of knowledge, experience, and skills needed to appropriately care for their infants.

An analysis of the post-test results revealed that all of the young teen mothers reflected and demonstrated an understanding about the basic daily care and developmental milestones and changes that occurred in their infants. Results from both the pre-test and post-test indicated that older teen mothers (seniors) appeared to understand the developmental issues more readily and more clearly than the younger teen mothers.

In a study conducted by Epstein (1990) and Roosa (1988) it was reported that adolescents know less about child growth and development than do older parents. As a result of this lack of knowledge, young teen mothers had inappropriate interactions and unrealistic expectations of their infants' abilities and behaviors. In a similar study conducted by Baranowski and Schilmoeller (1985) comparing adolescent mothers and older mothers, it was also found that the older mothers were more knowledgeable of developmental milestones and child-rearing attitudes. These studies certainly validate the pre-test and post-test results of the Adolescent Parenting Inventory.

The projected outcome that 10 of the 15 young teen mothers will reflect and demonstrate

an understanding about the basic daily care and the developmental milestones and changes that occur in their infants was met. Based on the efficacy of the outcome, one implication that can be drawn is that as young teen mothers knowledge of the child development increases, the possibility of inappropriate interaction with their infants decreases.

The Parenting Attitude Index was used to assess the young teen mothers maternal interaction with their infants. Results from the pre-test of the Parenting Attitude Index showed that the young teen mothers were very insensitive to their infants. The young teen mothers responses could be due largely in part to the fact they are still themselves children in need of nurturing. Overall, the post-test results of the Parenting Attitude Index revealed that all of the young teen mothers displayed positive maternal interaction with their infants.

A number of studies have noted significant differences between older mothers and adolescents in maternal affect and behaviors (Garcia, Hoffman, & Oh, 1987; Green, Jones & Krauss, 1990). Baranowski and Schilmoeller (1985) found that adolescent mothers compared to older mothers, were significantly less responsive to their children, less stimulating, and more restrictive and more punitive. Research conducted by Brooks-Gunn and Furstenberg (1986), Epstein (1990) and Osofsky and Osofsky (1990) found that adolescent mothers were less likely to verbally interact with their infants. Diskin, Given, Heinicke, & Ramsey-Klee (1988) found in their study that problematic interactional patterns between the adolescent mother and her infant can best be understood through an examination of the mother's stable personal characteristics.

Further studies have shown that adolescent mothers consistently show poor patterns of interaction with their infants and toddlers, spending less time talking to them, looking at them, and interacting in rewarding ways (Brooks-Gunn & Furstenberg, 1986; McAnarney, 1985; Culp & Osofsky 1987). Similar studies conducted by Barnard, Hahn, Leonard & Osofsky (1990) and Egehart-Wright (1988) reported that they observed less reciprocity and less affect sharing between adolescent mothers and their infants.

The projected outcome that 12 of the 15 young teen mothers will have positive maternal interaction with their infants was met. Based on the pre-test and post-test results of the Parenting Attitude Index, one implication, that can be drawn is, that young teen mothers general personal adjustment is a major determinant of their maternal interaction with their

infants. Another implication is that because young teen mothers are children themselves, they continue to experience their own developmental struggles which can interfere with their ability to understand and to be sensitive to their infants.

The Family Support Checklist was used to assess the extent of the young teen mothers social support system. Results from the pre-test revealed that young teen mothers felt that their support from other significant adults was limited in certain categories. Post-test results indicated that all of the young teen mothers reported that they received some type of support in each category.

Several studies have reported that social support available to adolescents and older mothers may be very dissimilar (McAnarney, 1985; Unger & Wandersman, 1988; Herz & Reis, 1987). Older mothers generally turn to friends, while younger mothers turn to their mothers and relatives. More specifically, adolescent mothers have fewer friends with whom to consult regarding child-rearing questions (Baranowski & Schimoeller, 1985). Despite adolescents support from relatives, the lack of friendships with other young mothers lessen the input of new ideas which might positively influence child bearing patterns.

The projected outcome that 8 of the 15 young teen mothers will have a network of social support was met. The implication as a result of this assessment is that young teen mothers with an adequate network of social support may maintain optimism and may avoid debilitating psychological consequences.

The Awareness Checklist was used to assess the young teen mothers knowledge about child development and interactional skills of parents. Pre-test results indicated that the younger teen mothers were restricted in their awareness of child development and interactional skills of parents. These pre-test results were incongruent with the the pre-test results of the Adolescent Parenting Inventory and the Parenting Attitude Index. Post-test results indicated that overall the young teen mothers demonstrated a greater awareness about child development and interactional skills of parents.

The projected outcome that 12 of the 15 young teen mothers will reflect and increase in knowledge about child development and interactional skills of parents was met. One implication that can be drawn is that with appropriate and adequate training, young teen

mothers child care practices are enhanced.

Numerous research studies have reported that the expectations of young teen mothers are often in conflict with the developmental needs of their children (Dusek, 1991; Field, 1988; Roosa, 1988; Stevens, 1988). When the infants are extremely dependent in the first year of life, the young teen mothers may have difficulty accepting behaviors that communicate helplessness and neediness. The young teen mothers often encourage their babies to hold their own bottles and feed themselves as if they are much older and more competent (Culp & Osofsky, 1987). As the infants move into adulthood, the young teen mothers may have difficulty understanding and being sensitive to their children's growing autonomy.

Young teen mothers catapulted into their new role status with little preparation and very vague conceptions about parenting is challenging, frightening, and stressful. They do not have the coping skills, motivation, or sufficient maturity to ensure the best nurturing for their infants. These young teen mothers often lack knowledge of basic daily care and developmental milestones and changes that occur in their infants. They have unrealistic expectations for their infants; a situation that also interest with their ability to parent adequately. The young teen mothers' expectations are often in conflict with the developmental needs of their infants. They are insensitive to the needs of their infants. Additionally, these young teen mothers have little or no support system for themselves or their infants.

Greater support, understanding, and comprehensive interventions such as parenting classes and/or training sessions, mentoring, and home visitations are necessary for young teen mothers to face and perhaps resolve the complex problems and optimize the outcome for them and their infants. Therefore, it is crucial that young teen mothers be afforded an opportunity to gain the knowledge and skills and to practice behaviors necessary to become better caretakers of their infants. Overall results of the post-test assessment instruments revealed that the young teen mothers had increased their knowledge about parenting. The child care practices of the young teen mothers were improved. The young teen mothers were more sensitive to their infants. Increasing the support of the young teen mothers by other significant adults, lessened the effects of social isolation.

Recommendations

The writer wishes to offer the following recommendations to help program planners to implement interventions intended to support positive outcomes for young teen mothers:

1. Parenting classes, training sessions, mentors, and home visitations should be a strong component of any program for teen mothers.
2. Teaching parenting skills to young teen mothers to effect positive outcomes for children is definitely an investment well-worth and deserving of the time and resources of any agency.
3. A social support system for young teen mothers is crucial and should be encouraged and facilitated.
4. Provide counseling services for young teen mothers to help them face the

Dissemination

The writer's colleagues (peers) have been very receptive and supportive of the practicum. They have echoed that it would certainly be very beneficial to the young teen mothers. The writer's colleagues at the junior high school have requested that the project be implemented at their school.

A meeting will be held with the principal, the faculty, the participants and their parents to share the results of the practicum. A copy of the final report will be submitted to the superintendent, to the supervisor of special education who served as verifier of the practicum, and to the principal at the site where the practicum was implemented. Also, a copy of the final report will be available at the local libraries within the writer's district. Other copies will be made available upon written request.

The writer hopes to present excerpts from the practicum at the 19th Annual Super Conference on Special Education in the Spring of 1999. Additionally, the writer will submit for publication an article on the implications of the results of this practicum.

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Appendix A

Adolescent Parenting Inventory

Student's Name_____ Date_____

Adolescent Parenting Inventory

Please respond to each item, indicating your agreement or disagreement with each statement. Circle your response.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
1. My child squirms and kicks a great deal when being dressed or bathed.	1	2	3	4	5
2. My child cries and fusses much more than I expected	1	2	3	4	5
3. My child easily notices and overreacts to loud sounds and bright lights.	1	2	3	4	5
4. My child's sleeping or eating schedule is much harder to establish than I expected.	1	2	3	4	5
5. Leaving my child with a babysitter is usually a problem.	1	2	3	4	5
6. My child is so active that it exhausts me.	1	2	3	4	5
7. I feel that it is never too early to start teaching a child to obey commands.	1	2	3	4	5
8. I feel that a child should be given comfort and understanding when he/she is scared or upset.	1	2	3	4	5

table continues

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
9. I feel that too much affection and tenderness can harm or weaken a child.	1	2	3	4	5
10. I feel that physical punishment is not the best way of disciplining.	1	2	3	4	5
11. I feel that the earlier a child is put on the potty, the easier it is to train him/her.	1	2	3	4	5
12. I believe that if a child makes occasional slips after he/she has been toilet-trained, they should be ignored.	1	2	3	4	5
13. I worry about the health of my child.	1	2	3	4	5
14. Having a child has been much more expensive than I had expected.	1	2	3	4	5
15. Having a child has caused changes in the way I sleep.	1	2	3	4	5
16. I feel that taking care of a baby is much more work than pleasure.	1	2	3	4	5
17. I have a lack of knowledge about parenting.	1	2	3	4	5
18. I feel that I am a person who has some trouble being a parent.	1	2	3	4	5

table continues

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
19. When I think about myself as a parent, I believe I can handle most things pretty well	1	2	3	4	5
20. I have a lot of people to whom I can talk to.	1	2	3	4	5
21. I feel alone and without friends.	1	2	3	4	5
22. I feel capable and on top of things when I am caring for my child.	1	2	3	4	5
23. I can not make decisions without help.	1	2	3	4	5
24. Being a parent is harder than I thought it would be.	1	2	3	4	5
25. I enjoy being a parent.	1	2	3	4	5

Appendix B

Parenting Attitude Index

Student's Name_____ Date_____

Parenting Attitude Index

Circle your response.	Always	Sometimes	Never
1. I feel angry with my child.	3	2	1
2. I express affection by hugging, by kissing, and by holding my child.	3	2	1
3. I am bothered because I can not do the things I liked to do before the baby was born.	3	2	1
4. I am easy-going and relaxed with my child.	3	2	1
5. I tend to spoil my child.	3	2	1
6. I feel that I am too involved with my child.	3	2	1
7. I like to joke and play with my child.	3	2	1
8. I spontaneously praise my child.	3	2	1
9. I talk freely and easily with my child.	3	2	1
10. I express annoyance or hostility toward my child.	3	2	1
11. I find some of my greatest satisfactions in my child.	3	2	1
12. I wish I could spend more time with my child.	3	2	1

Appendix C

Family Support Checklist

Student's Name_____ Date_____

Family Support Checklist

Place a check mark in each category that best applies to you.

Formal Category of Support	Very helpful	Sometimes helpful	Not helpful
1. Your parents			
2. The parents of the baby's father			
3. Your brothers/sisters			
4. The father's brothers/sisters			
5. The baby's father			
Informal Category of Support			
6. Your friends			
7. The baby's father's friends			
8. Your current boyfriend			
9. Other parents			
Social Category of Support			
10. Church			
11. Social groups/ clubs			
12. Co-workers			
13. Parent groups			
Professional Category of Support			
14. My family physician or child's physician			
15. Professional helpers (social workers, therapists, teachers, etc.)			
16. School/day care center			
17. Professional agencies (public health, social services, mental health, etc.)			

Appendix D

Awareness Checklist

Student's Name _____ Date_____

Awareness Checklist

Check your response

	Yes	No
1. Cradles the infant in the curve of arms against body.		
2. Supports the baby's neck and head with one hand.		
3. Feeds baby six to eight times or more in 24 hours.		
4. Holds baby closely in a semi-upright position when bottle feeding.		
5. Burps baby during and after feeding.		
6. Cuddles and speaks soft words to baby while feeding.		
7. Gives baby sufficient amount of food.		
8. Changes baby diaper as often as needed.		
9. Cleans baby thoroughly after removal of soiled diaper.		
10. Talks or sings to baby when diapering.		
11. Sponge bath baby only after navel heals.		
12. Tub bath baby first in basin.		
13. Clothes baby in easy garments for removal.		
14. Dresses baby for appropriate activities.		
15. Keeps baby's regularly scheduled "wellness appointments."		
16. Maintains immunization records.		
17. Aware of common childhood diseases and their symptoms.		
18. Surrounds baby with interesting and touchable items.		
19. Provides decorative baby room with bright and contrasting colors.		

table continues

	Yes	No
20. Plays games with baby.		
21. Holds and cuddles baby often.		
22. Answers the baby's babbles and funny noises.		
23. Baby senses your caring and love in facial expressions, voice, and touch.		
24. Reads baby's signals.		
25. Follows a consistent schedule.		
26. Responds promptly and favorably to baby's needs.		
27. Provides a wide range of materials for baby to explore.		
28. Encourages make-believe or pretend activities.		
29. Baby has caring adult at all times.		
30. Use proper car restraint seat.		
31. Covers unused electrical outlets.		
32. Secures electrical cords for baby's safety.		
33. Inspects all toys for small or loose parts which which could be swallowed.		
34. Straps baby securely into infant seat or high chair.		
35. Never leaves baby alone in a bath tub, on a bed, or other high surface.		
36. Cleaning supplies, medications, and other poisons are kept out of baby's reach.		
37. Plastic bags are never used on cribs or anywhere accessible to the baby.		
38. Keep explanations simple and brief.		
39. Consistent with discipline methods.		

table continues

	Yes	No
40. Caregiver is warm and loving toward children.		
41. Shares caregiver's child-rearing attitudes and methods of discipline.		
42. Facility is safe, comfortable, and sanitary.		